MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08167

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Annapolis a.u. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold P.O.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SHARON (Middle) LEE (Last) BAIERLEIN
4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6/29/52
9. AGE last birthday 5 wks yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Edw. Baierlein, Jr.
14. MOTHER'S MAIDEN NAME Agnes K Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inanition	5 wks.
756.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyloric Stenosis	5 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites; hepatomegaly — 3 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X (No)

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Aug 4, 1952, that I last saw the deceased alive on August 4, 1952, and that death occurred at 1 20 P m., from the causes and on the date stated above.

SIGNATURE Maurice J. Klemans, Mr. (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 8/5/52

23. BURIAL, CREMATION REMOVAL (Specify) B.
DATE THEREOF 8-6-52
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie

DATE REC'D BY LOCAL REG. Aug. 6, 1952
REGISTRAR'S SIGNATURE Ida M. Whitson
24. FUNERAL DIRECTOR James L. McCrea ADDRESS 130 E. Fort Ave.

206 2221404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Autopsy findings:

Immediate Cause of Death:

1. Inanition due to pyloric stenosis, incomplete, with ascites + hepatomegaly.

Anatomic diagnoses:

1. Inanition.
2. Ascites
3. Hepatomegaly
4. Incomplete pyloric stenosis.
5. Acute dilatation of stomach
6. Acute perianal dermatitis

J. Manning K. Alden M.D.

RECEIVED
AUG 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08168

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural

STREET ADDRESS (If rural, give location) Edgewater Post Office

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) ROSE (Last) BASSFORD

4. DATE OF DEATH: (Month) AUGUST (Day) 16, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Seperated

8. DATE OF BIRTH: May 26, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): South River, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Asquith

14. MOTHER'S MAIDEN NAME: Mary Virginia Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Howard Bassford. Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio Sclerotic Heart Disease — Several years

204.0

DUE TO

Antecedent cause(s) (b) Generalized Arterio Sclerosis — Several years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Chr. Lymphatic Leukemia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1952, to Aug 16, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE George C Basil (DEGREE OR TITLE) MD ADDRESS Annapolis Md DATE SIGNED 8-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-18-52

NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. August 18, 1952

REGISTRAR'S SIGNATURE [signature] B.W.

24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 10 1952
BUREAU V. S.

08169

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 College Creek Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 90 Clllege Creek Terrace

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) ----- (Last) Blackstone
4. DATE OF DEATH (Month) (Day) (Year) 19 8/30/1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/13/1889
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Annapolis, A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cully
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Edward Blackstone-90 College Creek Terra Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder

181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 19, to 8-30-52, 19, that I last saw the deceased alive on 8-30-52, 19, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M D 10 Carroll 9-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/3/1952
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) West St. Annapolis, Md.
DATE REC'D BY LOCAL REG. Sept. 3, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Ethel L. Hicks-45 Northwest St. Annapolis,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1922
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08179

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Crownsville
LENGTH OF STAY (in this place) 9 yrs. 2½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Golts
STREET ADDRESS (If rural give location) - - - - - - - - - - -

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) (Last) Bradshaw

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2/12/01

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months - Days - — IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Brown

14. MOTHER'S MAIDEN NAME: ? Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: ½ hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type — Known to us since adm. 5/25/43

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 5/25/43 19 , to 8/10 , 19 52 , that I last saw the deceased alive on 8/10 , 19 52 , and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Jacob Marcuse M.D. (Degree or title)

ADDRESS Crownsville, Md.

DATE SIGNED 8/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 14 52 — NAME OF CEMETERY OR CREMATORY Wesley Heavy Cem. — LOCATION (City, town, or county) Golts — (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug. 12 1952 — REGISTRAR'S SIGNATURE E. M. Joyce

24. FUNERAL DIRECTOR Edward Pollock — ADDRESS Millington Md

RECEIVED
AUG 13 1952
BUREAU V. S.

08171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place) 7 hrs 29 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural, give location) #3 Eucalyptus Road

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Elaine (Last) BRATCHER

4. DATE OF DEATH: (Month) AUG (Day) 29 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: AUG 29, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min. 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Paul Delbane BRATCHER

14. MOTHER'S MAIDEN NAME: Eva Gloria COATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY No.: - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) IMMATURITY UNQUALIFIED (N776) — INTERVAL BETWEEN ONSET AND DEATH: 7hrs 29 min

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - -

(CITY OR TOWN) - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from AUG 29, 1952, to AUG 29, 1952, that I last saw the deceased alive on AUG 29, 1952, and that death occurred at 1:06 P.m., from the causes and on the date stated above.

SIGNATURE William I. Neikirk MD (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. I. NEIKIRK, LCDR MC USN U. S. NAVAL HOSPITAL, ANNAPOLIS, MD 8-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept 2/52

NAME OF CEMETERY OR CREMATORY: Naval Cemetery

LOCATION (City, town, or county): Annapolis (State): md

DATE REC'D BY LOCAL REG.: Sept 2, 1952

REGISTRAR'S SIGNATURE: [signature] R.W.

24. FUNERAL DIRECTOR: B. I. Happing & Son ADDRESS

208224222 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 20 Southgate

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Wesley (Last) Brown

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: August 19, 1869

9. AGE last birthday: 83 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Leon F. Brown Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	Several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	
	(c)	

4120 P

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
George C. Bovie M.D Annapolis md 8-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-23-52

NAME OF CEMETERY OR CREMATORY: Cedar Bluff

LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: August 22, 1952

REGISTRAR'S SIGNATURE: [illegible] A.W.

24. FUNERAL DIRECTOR ADDRESS: John M. Taylor & Son Annapolis, Md

VS. A15 8-51

RECEIVED
AUG
BU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; Annapolis; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) Crownsville Post Office

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) A (Last) BURNS

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 15, 1950

9. AGE last birthday: 2 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bradley Burns

14. MOTHER'S MAIDEN NAME: Ida R. Thorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: ---

17. INFORMANT AND ADDRESS: Mrs Ida R. Burns Mother same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.0 **Immediate cause** (a) Fracture Skull — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (in driveway) | (CITY OR TOWN) Crownsville, (COUNTY) Anne Arundel, (STATE) Maryland

TIME OF INJURY (Month) August (Day) 26, (Year) 52 (Hour) 3:45 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Child was struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer O. Linhardt M.D. Medical Examiner Anne Arundel County, Annapolis, Md. 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-29-52 | NAME OF CEMETERY OR CREMATORY Baldwin Memorial Cemetery | LOCATION (City, town, or county) Millersville, (State) Maryland

DATE RECD BY LOCAL REG. August 29, 1952 | REGISTRAR'S SIGNATURE [signature] D.D. | 24. FUNERAL DIRECTOR Ben L. Hopping and Son | ADDRESS Annapolis, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) South River Road

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Catherine (Last) Cadle

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 28, 1914

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Hairdressing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Cadle

14. MOTHER'S MAIDEN NAME: Sarah Cadle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Esophagus mets

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Metastasis to lungs — 1 yr.

DUE TO

(c)

150X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1952, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 545A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George C. Basil M.D. Annapolis Md 8-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Aug. 10-52 NAME OF CEMETERY OR CREMATORY Edwards Chapel LOCATION (City, town, or county) River Road (State) Md

DATE REC'D BY LOCAL REG. Aug. 19, 1952 REGISTRAR'S SIGNATURE Edward Collenson FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

VS. A15 '8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

081 76

Reg. Dist. No. ~~51~~

1. PLACE OF DEATH COUNTY: aa — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jewell
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jewell
STREET ADDRESS (If rural, give location): Md

3. NAME OF DECEASED (Type or Print) (First): George (Middle): W. (Last): Carter
4. DATE OF DEATH (Month): 8 (Day): 3 (Year): 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 5-2-1901
9. AGE last birthday: 51 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arthur Carter
14. MOTHER'S MAIDEN NAME: Lucile Smothers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Maggie Carter, Jewell Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE ~~HOMICIDE~~ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1950, to 8/3, 1952 that I last saw the deceased alive on 8/2, 1952 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: H. W. Ward (Degree or title) ADDRESS: Owing Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 8-5-52
NAME OF CEMETERY OR CREMATORY: Carters Chapel
LOCATION (City, town, or county): A-A (State): Md

DATE REC'D BY LOCAL REG.: 8-4-52
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR: P. E. Sewell Prince Frederick Md ADDRESS:

8-6-51 Ida Belle Dent - cc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21 ... 276

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundel-on-the Bay — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magnolia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3701 Ingamoor St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) J (Last) Cassell
4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 195[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: April 19, 1894
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hunter
10b. KIND OF BUSINESS OR INDUSTRY: Hunting
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cassell
14. MOTHER'S MAIDEN NAME: Bridget Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes — (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Herring - Elizabeth, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

40 Yrs Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 8 (Day) 11 (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [illegible] (Degree or title) MD ADDRESS [illegible] DATE SIGNED 8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-14-1952 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington — (State): Va.

DATE REC'D BY LOCAL REG. Aug. 13, 1952 — REGISTRAR'S SIGNATURE [illegible] C.D. — 24. FUNERAL DIRECTOR: Warner E. Tumphrey — ADDRESS: Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08177

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 502 Orchard Street ✓

3. NAME OF DECEASED: (First) Robert (Middle) (Last) Chaney
4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Chaney
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown (If Yes, give war or dates of service): ----
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Bronchopneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	3 days
	DUE TO (c) Hypertensive Cardio-vascular Disease	known since 12/30/42
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Epilepsy	known since 12/30/42

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 12/30, 1942, to 8/21, 19 52, that I last saw the deceased alive on 8/21, ~~19 52~~ and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.
ADDRESS: Crownsville State Hospital
DATE SIGNED: 8/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8/28/52
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, Town, or County) (State): Baltimore City Md.

DATE REC'D BY LOCAL REGISTRAR: 8/28
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Francis A Hemsley
ADDRESS: 578 W Biddle St

RECEIVED
SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 74 South Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Chase
4. DATE OF DEATH: (Month) 8/22/1952 (Day) (Year) 19
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alfred Chase
14. MOTHER'S MAIDEN NAME: Sarah Footle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Robert [illegible] Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 22 52 17 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) MD ADDRESS: Annapolis Md DATE SIGNED: Aug 26-1952

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Brewer [illegible] | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. August 26, 1952 | REGISTRAR'S SIGNATURE: [illegible] C.W. | 24. FUNERAL DIRECTOR: Mr. [illegible] ADDRESS: Annapolis, Maryland

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 27 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Mt. Zion) LENGTH OF STAY (in this place): 3 wks.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. Moreland's Rest Home	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Susan	(Middle) E.	(Last) Clagett	4. DATE OF DEATH	(Month) 8 (Day) 20 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]	8. DATE OF BIRTH: Mar. 10, 1858	9. AGE last birthday: 94 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Thomas Clagett	14. MOTHER'S MAIDEN NAME: Elizabeth Eicher				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: G. H. Clagett, Upper Marlboro, Maryland.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis - generalized, severe	10 yrs
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Congestive Heart failure	2 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of rt femur

19a. DATE OF OPERATION: 3 July 52	19b. MAJOR FINDINGS OF OPERATION: Introchanteric fract. rt femur	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home	(CITY OR TOWN): Upper Marlboro	(COUNTY): P.G.	(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 28 1952 2:30 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell over door sill		

22. I hereby certify that I attended the deceased from 28 June, 1952, to Aug 20, 1952, that I last saw the deceased alive on 16 Aug, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Passer	M.D.	Upper Marlboro Md	8-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 8/22/52	NAME OF CEMETERY OR CREMATORY: Trinity Episcopal	LOCATION (City, town, or county): Upper Marlboro.	(State): Md.
DATE REC'D BY LOCAL REG.: [illegible]	REGISTRAR'S SIGNATURE: John F. Danner. M.R. Clayton	24. FUNERAL DIRECTOR: Ritchie Bros.	ADDRESS: Upper Marlboro, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: A. A. Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) COLUMBUS (Middle) C. (Last) CLARK

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952

5. SEX:

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1...

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Truck Body Mfg.

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah S. Clark

14. MOTHER'S MAIDEN NAME: Sarah V. Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Ida M. Clark, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Hypertensive Arterio-Vas. Disease — Interval: 2 yrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cerebral Haemorrhage — 1 yr.

(c) Arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9/52 to 8/1/52, that I last saw the deceased alive on 8/1/52, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Shipley, M.D. ADDRESS: Savage, Md. DATE SIGNED: 8/1/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/4/52 — NAME OF CEMETERY OR CREMATORY: Friendship — LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: 8/4/52 — REGISTRAR'S SIGNATURE: Ida Hedrick Asst.

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Fehnel & Sons Inc. Balto. Md.

Florence Estelle Davis
(deceased)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY AA. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Estella (Last) Davis Davis
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH: 9/10/'89
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, (if retired): Hswf. Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm E Litchfield
14. MOTHER'S MAIDEN NAME: Virginia Quigley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: T. Davis Churchton, Maryland (Husband)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset And Death: 2 yrs
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes — 4 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/1, 1952, to 8/22, 1952, that I last saw the deceased alive on 8/21, 1952 and that death occurred at 2.40 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) Howard Owing ADDRESS Md DATE SIGNED 8/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Aug 23 1952 8/25/52
REGISTRAR'S SIGNATURE John F. Danner. J. B. Dent
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

AUG 27 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Shadyside
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Davis

4. DATE OF DEATH: (Month) (Day) (Year) August 29 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	Oct. 5, 1875	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plasterer	Building	Shadyside, Md	U.S.A.

13. FATHER'S NAME: Richard Davis

14. MOTHER'S MAIDEN NAME: Susan Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	218 14 3751	Florence Davis, Shadyside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Bronchopneumonia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac decompensation	3 mos.
	DUE TO (c) Arteriosclerotic heart disease	2 years.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Cancer of prostate	5 years.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1950, to 9-29, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 1.35 A.M., from the causes and on the date stated above.

SIGNATURE Florence Lynn Grant (DEGREE OR TITLE) M.D. ADDRESS Shadyside, Md. DATE SIGNED 8-30-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1952	Chews	Owensville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 29-52	D. B. Dent	T. A. Hardesty & Son, Galesville, Md.

RECEIVED
SEP 3
BUREAU V.S.

Item 18 Film G146 9-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural, give location) 3529 Shannon Drive

3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) S.	(Last) DULNY	4. DATE OF DEATH	(Month) August (Day) 13 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 18, 1925	9. AGE last birthday 27 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk truck driver	10b. KIND OF BUSINESS OR INDUSTRY Western Md. Dairy	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Joseph S. Dulny	14. MOTHER'S MAIDEN NAME Marie Cerny				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 234-24-4888	17. INFORMANT AND ADDRESS Mrs. Joseph S. Dulny, 7300 Pulaski Highway			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bronchial asthma and myocardial failure.	
241 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V. Loretz		Baltimore, Maryland	August 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/16/52	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. 8/15/52	REGISTRAR'S SIGNATURE A W Hedrick	24. FUNERAL DIRECTOR Farsohn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 18 Film G146 9-8-52 ams

D Wilkins

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pendennis Mt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Pendennis Mt.

3. NAME OF DECEASED: (Type or Print) (First) Boyd (Middle) H. (Last) Farinholt

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: May 23, 1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, ~~even if retired~~): Executive
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Farinholt
14. MOTHER'S MAIDEN NAME: Betty Boyd Healy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gertrude Farinholt - Pendennis Mt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent cause(s) (b) Pulmonary Tuberculosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
002x (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Had not attended deceased. Pronounced dead 10 AM 8-31-52, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Jesse F. Wilkins, M.D. (DEGREE OR TITLE) ADDRESS 232 Prince Geo. St. Ann. 31, 1952 DATE SIGNED 9-2-52

23. ~~BURIAL,~~ CREMATION ~~REMOVAL~~ (Specify): DATE THEREOF 7-3-1952 NAME OF CEMETERY OR CREMATORY H. Lincoln LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 2, 1952 REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR John M. Taylor & Son - ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 85

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 6½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Charlie (Middle) (Last) Fontaine
4. DATE OF DEATH: (Month) (Day) (Year) 19 8/20/52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm helper
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sam Smith
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: — -----
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Right Side Hemiplegia) — Known to us since 8-18-52

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy — Known to us since 1-2-46

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleurisy — Known to us since 7-2-52

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ------
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---------
(CITY OR TOWN) (COUNTY) (STATE) ---- ----------
TIME OF INJURY (Month) (Day) (Year) (Hour) ---------- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----------

22. I hereby certify that I attended the deceased from 1/2, 1946, to 8/20/, 19 52, that I last saw the deceased alive on 8/20/52 19 and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Monaghan M.D.
ADDRESS Crownsville State Hospital
DATE SIGNED 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/23/52
NAME OF CEMETERY OR CREMATORY Cottage Grove
LOCATION (City, town, or county) (State) Somerset County
DATE REC'D BY LOCAL REGISTRAR 8/20/52
REGISTRAR'S SIGNATURE K. M. Joyce
24. FUNERAL DIRECTOR William H. James, Jr.
ADDRESS Princess Anne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0016b

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Creek | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rock Creek Pasadena
STREET ADDRESS (If rural, give location) Rock Creek Pasadena

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Frank

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1952

5. SEX: Mall | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Aug 23 1884 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner Fisherman | 10b. KIND OF BUSINESS OR INDUSTRY: Anne Arundel Boat Co | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Frank | 14. MOTHER'S MAIDEN NAME: Helena Brune

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Henry W. Frank Rock Creek Pasadena

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the lung — ?

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1952, to 6-20, 1952, that I last saw the deceased alive on 6-21, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elliott Frank, M.D. | ADDRESS: 1226 S. Hanover St. | DATE SIGNED: 8-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 25/1952 | NAME OF CEMETERY OR CREMATORY: Leda Hill | LOCATION (City, town, or county): A.A. Co | (State): Md

DATE RECD BY LOCAL REG.: 8/22/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Edward A. Bauer Bros | ADDRESS: 1400 Solana St

Dmr

Items 8,9 Film 146 9/2/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. [illegible] Court, 169 Cherry Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 169 Oberry Court

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Gantt. (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 22, (Year) 1952

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 16, 1905

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Neck, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jorder Jirkrey

14. MOTHER'S MAIDEN NAME: Elizabeth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Parker, Harwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X Immediate cause (a) Carcinoma of cervix — Interval between onset and death: 10-24-49

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) with metastases in sacral liver and spine — 8-22-1952

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-1-49

19b. MAJOR FINDINGS OF OPERATION: 11-5-49 Ca of cervix

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1949, to 8-22, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edith Roller M.D. ADDRESS 45 Franklin St Annapolis Md DATE SIGNED 8-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 26, 1952

NAME OF CEMETERY OR CREMATORY Brewer Hill

LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. August 23, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS J.B. Johnson, Annapolis, Md.

VS. A15 8-51

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Byrn Mawr
STREET ADDRESS (If rural, give location) Box 204 South Roberts Rd

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H (Last) GENUNG
4. DATE OF DEATH: (Month) AUGUST (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 26 November 1893
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consultant
10b. KIND OF BUSINESS OR INDUSTRY: US Government
11. BIRTHPLACE (State or foreign country): Henderson, Kentucky
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Harvey Genung
14. MOTHER'S MAIDEN NAME: Jesse Garton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Mrs Katherine Genung, (Wife) Byrn Mawr, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction — 15 days

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I examined the deceased ~~decedent~~ on 26 Aug, 52, and that death occurred at 1845 hrs. from the causes and on the date stated above.

SIGNATURE J. J. GOODMAN, 1st Lt., M.C. (Degree or title) ADDRESS United States Army Hospital, Ft Geo G. Meade, Md DATE SIGNED 27 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2 Aug 52
NAME OF CEMETERY OR CREMATORY: Arlington National, Va.
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 27 Aug 52
REGISTRAR'S SIGNATURE: ARTHUR J. GOMLISH, Capt. MSC
24. FUNERAL DIRECTOR ADDRESS: Lily & Zeiler Inc, Balto, Md.

SEP 2 1952
BUREAU V. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY: a. a. — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Pasadena P. O.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mountain Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: a. a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena P. O.
STREET ADDRESS (If rural, give location): Mountain Rd

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) M. (Last) Germack

4. DATE OF DEATH: (Month) Aug (Day) 23rd (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: ~~Married~~ Widowed

8. DATE OF BIRTH: 7/27/1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Retired~~ Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H.

14. MOTHER'S MAIDEN NAME: Mary Germack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lillian Germack Pasadena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
163X Immediate cause	(a) Carcinoma of Lungs	18 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pneumonectomy, left lung	18 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1951, to Aug. 23, 1952 that I last saw the deceased alive on Aug. 23, 1952 and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
R. M. McLaughlin M.D. Pasadena. Md. Aug. 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/27/52 — NAME OF CEMETERY OR CREMATORY: Maryland Park — LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG. 8/25/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick — **24. FUNERAL DIRECTOR** ADDRESS: Wm Cook Inc. 1217 St. Paul St

✓ WT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 317½ Forrest Street

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) — (Last) Gibbs
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 11/21/10
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Gibbs
14. MOTHER'S MAIDEN NAME: Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —?
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

02 X
Immediate cause (a) General Paresis — known to us since 8/30/52
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/30, 1952, to 8/27, 1952, that I last saw the deceased alive on 8/27, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Wade Hampton Frese M.D. ADDRESS Crownsville State Hospital DATE SIGNED 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 8-30-52 — NAME OF CEMETERY OR CREMATORY Mt. CALVARY — LOCATION (City, town, or county) A.A. County, Md. — (State) —

DATE REC'D BY LOCAL REGISTRAR 8-27 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR Joseph S. Rock, Jr. ADDRESS 1304 N. Central Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 1914 Norman Rd

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) GIRL (Last) GOMBOSH
4. DATE OF DEATH (Month) AUGUST (Day) 24 (Year) 1952

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 24 Aug 52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 1 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME ARTHUR J. GOMBOSH
14. MOTHER'S MAIDEN NAME Mary D. Fryer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS (Mother) Mary D. Fryer, 1914 Norman Rd Glen Burnie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature birth

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2120 hrs 24 Aug 52, to 2140 hrs 24 Aug 52, that I last saw the deceased alive on 24 Aug 52, and that death occurred at 2140 hrs m., from the causes and on the date stated above.

SIGNATURE JOSEPH C. [illegible], Capt., M.C. (Degree or title) ADDRESS USA HOSP Ft Geo G. Meade, Md DATE SIGNED 24 Aug 52

Joseph C. Sheehan Capt M.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 25 Aug 52
NAME OF CEMETERY OR CREMATORY POST CEMETERY
LOCATION (City, town, or county) (State) Fort Geo G. Mead, Md

DATE REC'D BY LOCAL REG. 25 Aug 52
REGISTRAR'S SIGNATURE [illegible], GOMBOSH, Capt.,
24. FUNERAL DIRECTOR MSC William P. McGraw, Chaplain (Capt USA) ADDRESS Fort George G. Meade, Maryland

2 2345 2 C0

RECEIVED
AUG 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital	STREET ADDRESS (If rural, give location) 1914 Norman Rd

3. NAME OF DECEASED (Type or Print)	(First) BABY	(Middle) GIRL	(Last) GOMBOSH Twin 2	4. DATE OF DEATH	(Month) AUGUST	(Day) 24	(Year) 52
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 24 Aug 1952	9. AGE last birthday — yrs.	If under 1 year Months / Days	If under 24 hrs. Hours 1 / Min. 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Arthur J. Gombosh			14. MOTHER'S MAIDEN NAME Mary D. Fryer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS Mary D. Fryer (Mother) 1914 Norman Rd, Glen Burnie, Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Atelectasis

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature birth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 24 Aug 2121 Hrs, 1952, to 2240 hr 24 Aug 52, that I last saw the deceased alive on 24 Aug, 1952, and that death occurred at 2240 hrs m., from the causes and on the date stated above.

SIGNATURE JOSEPH C. SHEEHAN (Degree or title) Capt., MSC — ADDRESS USA Hosp Ft Geo G. Meade, Md — DATE SIGNED 24 Aug 52

Joseph C. Sheehan Capt M.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 25 Aug 52	NAME OF CEMETERY OR CREMATORY Post Cemetery	LOCATION (City, town, or county) Fort George G. Meade, Md (State)
DATE REC'D BY LOCAL REG. 25 Aug 52	REGISTRAR'S SIGNATURE [illegible] Capt., MSC	24. FUNERAL DIRECTOR William P. McGraw, Chap. (Capt USA Ft Geo G. Meade, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural West River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. West River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) (Last) Harried

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1952

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 6, 1893
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 10 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm hand
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): A.A.Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Harried
14. MOTHER'S MAIDEN NAME: Isabelle Harried

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Rachel Harried, West River Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Apoplexy	2 mon.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertive Cardio Vascular Disease	8 yr.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug. 19, 1952, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson M.D. (DEGREE OR TITLE) ADDRESS 42 Northwest Street Annapolis Md DATE SIGNED

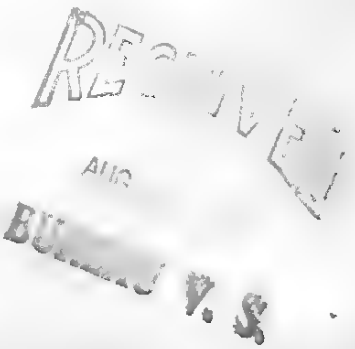
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 24, 1952
NAME OF CEMETERY OR CREMATORY Chews Chaple Cemetery
LOCATION (City, town, or county) Owensville, A.A.Co. (State) Md.

DATE REC'D BY LOCAL REG. August 22, 1952
REGISTRAR'S SIGNATURE W. R. Claytor
Dep Local Reg
24. FUNERAL DIRECTOR J. B. Johnson, Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School Laurel, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1618 Hamlin St., N. E.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Parsons (Last) Hayes
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 6-7-1910
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Linden Hayes
14. MOTHER'S MAIDEN NAME Maria Lola Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Records D.T.S. - Medical Staff, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cascaria Lt. Lower Lung	1 years +
163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia - bilateral	48 Hrs
	(c) Epilepsy	Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Life

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1949, to 8-3-, 1952, that I last saw the deceased alive on 8-3-, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE B. [illegible] M.D. (Degree or title) Medical Officer ADDRESS D.T.S. Laurel DATE SIGNED Mt. 8/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 4-5 52
NAME OF CEMETERY OR CREMATORY D.T.S. Cemetery
LOCATION (City, town, or county) Laurel Rural, Ad Co (State) Md
DATE REC'D BY LOCAL REG. Aug 3-52
REGISTRAR'S SIGNATURE Clara M. Hanslup
24. FUNERAL DIRECTOR D.T.S. Officers Laurel ADDRESS Md
Dept Funeral Home, [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 19
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven Pasadena
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Point and Eastshore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Theodore (Last) Heckman
4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 1952

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12/31/04
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longwarder
10b. KIND OF BUSINESS OR INDUSTRY Chemical
11. BIRTHPLACE (State or foreign country) Williamson, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Heckman
14. MOTHER'S MAIDEN NAME Anna Mary Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 175-03-3356
17. INFORMANT AND ADDRESS Mrs. Freda Heckman Cecil

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Punker M.D. (Degree or title) Deputy medical examiner. ADDRESS Gre[illegible] Burnie Md. DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/25/52
NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.
LOCATION (City, town, or county) (State) Chambersburg, Pa

DATE REC'D BY LOCAL REG. 8/25/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach
LENGTH OF STAY (in this place) 4 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS x x x

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach.
STREET ADDRESS (If rural, give location) 6118 - Fullerton road.

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) CORNELIA (Last) HENRY
4. DATE OF DEATH (Month) Aug. (Day) 17th (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/31/1866
9. AGE last birthday 85 years. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U-Sa

13. FATHER'S NAME Thomas Wood
14. MOTHER'S MAIDEN NAME Rachael Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS 3260 Shore Drive Mrs Irene Burnham Woodland Md. Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 wks
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vasc. Disease	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

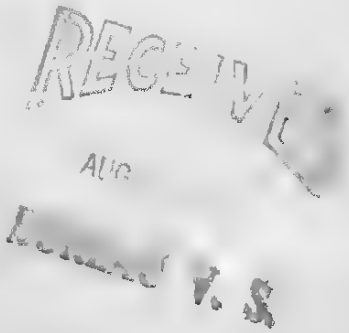
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1952, to 8/17, 1952, that I last saw the deceased alive on 8/16, 1952, and that death occurred at 10.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice W. Lawrence, MD
ADDRESS Annapolis, Md
DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/20/1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. August 18, 1952
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR W. W. Chambers Co
ADDRESS 517-11th st S.E.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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY A A Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D C.
STREET ADDRESS (If rural, give location) 7401 - 22nd St N E

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Merle (Last) Hodgson
4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-11-31
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter W. Hodgson
14. MOTHER'S MAIDEN NAME Olive Wilford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 280-30-2951
17. INFORMANT AND ADDRESS M H C records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X Immediate cause (a) Respiratory paralysis — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subarachnoid hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 11, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE John A Clark (Degree or title) M D ADDRESS Jessups Md DATE SIGNED Aug 11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. 8/21/52
REGISTRAR'S SIGNATURE Clara Harling
24. FUNERAL DIRECTOR Nalley Funeral Home ADDRESS 3200 - R.D. Ave. Mt. Rainier Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 1942
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 - 1st Ave. S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 106 1st Ave. S.W.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) America (Last) Hopkins
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, WIDOWED, (DIVORCED,) (Specify) ~~Widowed~~
8. DATE OF BIRTH April 21, 1860
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY 1st home
11. BIRTHPLACE (State or foreign country) A.A. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Fay Jones
14. MOTHER'S MAIDEN NAME Elizabeth ~~[illegible]~~ WARING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Miss Anna Hopkins, Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 5 year

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ~~[illegible]~~
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1940, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE James S. Bu[illegible] (Degree or title) M.D. ADDRESS 108 Central Ave. Glen Burnie Md DATE SIGNED Aug 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/7/52
NAME OF CEMETERY OR CREMATORY BALDWIN MEMORIAL CEM
LOCATION (City, town, or county) (State) CROSS ROADS, A.A. Co MD

DATE REC'D BY LOCAL REG. 8-6-52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons Inc. ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN City (Annapolis) — LENGTH OF STAY (In this place) 1½
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 30 Gotts Court

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Snowden (Last) Johnson
4. DATE OF DEATH: (Month) Aug. (Day) 10th (Year) 1952
5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 20, 1885
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Brashers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Miss Elsie Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 3yrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Annapolis | (COUNTY) Anne Arundel | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED
Aug. 12 1952

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Aug. 13 1952 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REG. Aug. 12 1952 | REGISTRAR'S SIGNATURE W. D. French

24. FUNERAL DIRECTOR Emil A. DeSimone, Annapolis ADDRESS

Found

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)52

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 69 West Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A (Last) KRAMER

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: December 17, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gov. Employee

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy Experment Station

11. BIRTHPLACE (State or foreign country): Elizabeth, N.J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Kramer

14. MOTHER'S MAIDEN NAME: Wilhelmina Hanjartner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Elizabeth Kramer wife; same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerosis and — Interval: Several yrs

DUE TO (c) Arteriosclerosis Heart Disease — Interval: yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Stomach — Interval: 2 Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 52, to Aug 21, 19 52, that I last saw the deceased alive on Aug 21, 19 52, and that death occurred at 11.0 m., from the causes and on the date stated above.

SIGNATURE George C Bond (DEGREE OR TITLE) MD ADDRESS Annapolis Md DATE SIGNED 8-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-25-52

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) (State) Annapolis, A.A.Co., Maryland

DATE REC'D BY LOCAL REG. August 23 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Maryland

RECEIVED
AUG 26 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights
STREET ADDRESS (If rural, give location) 203 Southerly Rd.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A. (Last) LEACH
4. DATE OF DEATH (Month) Aug. (Day) 7, (Year) 1952 19

5. SEX
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/12/1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Retire
10b. KIND OF BUSINESS OR INDUSTRY Balto. Transit
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? SA

13. FATHER'S NAME William A. Leach
14. MOTHER'S MAIDEN NAME Martha Newkirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-3057
17. INFORMANT AND ADDRESS Mrs. Gladys M. Brackett Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, bilateral
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) for advanced
(c)

INTERVAL BETWEEN ONSET AND DEATH: more than 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Histy of duodenal ulcer — 3-4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug 7, 1952, that I last saw the deceased alive on Aug 6, 1952 and that death occurred at 6 45 p m., from the causes and on the date stated above. 7 Aug 52

SIGNATURE Marvin H. Dawn (Degree or title) ADDRESS 5004 Ratchie Hwy Balto. DATE SIGNED 25

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/11/52
NAME OF CEMETERY OR CREMATORY Lorraine Pk. Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 8/7/52
REGISTRAR'S SIGNATURE H.W. Bedrick Dmk
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons Inc. ADDRESS Balto. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 268 King George St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 268 King George

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Mosby	Magruder	August	29	1952

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Dec. 28, 1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Advertising Agent		South Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Mitchell Magruder	Margaret Mackie Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		W. H. Magruder - San Antonio, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	4 mon.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Arteriosclerosis	3+ yr.
DUE TO		
	(c)	

332X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		—

22. I hereby certify that I attended the deceased from Sept. ..., 19 49, to 8/29/52, 19 52, that I last saw the deceased alive on 8/28/52, 19 52, and that death occurred at 7:22 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank McShirley MD Annapolis, Md. 8/29/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Aug 30, 1952	Odor Bluff	Annapolis Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 30, 1952	[signature]	John M. Taylor & Son	Annapolis, Md.

RECEIVED
SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21 08203

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Volna (Middle) Eugene (Last) McDonald
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-4-07
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months 11 Days 23 IF UNDER 24 HRS.: Hours 19 Min. 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USMC
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown-deceased
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Active duty
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 7333 11th N. West, (W) Mrs. Violet McDonald, Seattle, Wash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a) Infarction, myocardial	#420.1	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Thrombosis, coronary artery	#420.1	10 min.
	DUE TO (c) Arteriosclerosis	#420.1	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-26-52
19b. MAJOR FINDINGS OF OPERATION: Autopsy USNH, Annapolis, Maryland
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Recreation area (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Maryland
TIME OF INJURY (Month) 8 (Day) 27 (Year) 52 (Hour) 7:36 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? No injury-natural causes

22. I hereby certify that I attended the deceased from 27 Aug., 1952, to 27 Aug., 1952, that I last saw the deceased alive on 27 Aug., 1952, and that death occurred at 7:37 p.m., from the causes and on the date stated above.

SIGNATURE Charles Mitchell Collis (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED 8-[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 8-30-52
NAME OF CEMETERY OR CREMATORY to
LOCATION (City, town, or county) Seattle, (State) Washington
DATE REC'D BY LOCAL REG. Aug. 30, 1952
REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR B. L. Hopping and Son Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park

STREET ADDRESS (If rural, give location) Old Annapolis Rd

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) LAWSON (Last) MC KENNEY

4. DATE OF DEATH: (Month) AUGUST (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 20, 1880

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY (Self Employed) Truck farm

11. BIRTHPLACE (State or foreign country): Village, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Octavious McKenney

14. MOTHER'S MAIDEN NAME: Charlotte Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Ella Mae McKenney - Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

434.3

Immediate cause (a) Pneumonia

DUE TO

Antecedent cause(s) (b) Chronic Nephritis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Chronic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to 8-19, 1952, that I last saw the deceased alive on 8-18, 1952, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE Francis I. Codd (DEGREE OR TITLE) MD ADDRESS Severna Park Md DATE SIGNED 8-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-21-52

NAME OF CEMETERY OR CREMATORY Asbury Methodist Cemetery

LOCATION (City, town, or county) (State) Arnold, Anne Arundel, Md.

DATE REC'D BY LOCAL REG. August 21, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08205

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY A. A. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herald Harbor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herald Harbor, Crownsville P. O.
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) ANNITTA (Middle) (Last) McQUAY

4. DATE OF DEATH (Month) Aug. (Day) 24 (Year) 1952

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Sept. 29, 1882

9. AGE last birthday 69 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George W. DeVore

14. MOTHER'S MAIDEN NAME Anna M. Donnelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -

(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Box 42, Generals Hgwy. Mrs. Geneva Green Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 Min

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular disease — 10 years

(c) Generalized Arterio sclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Aug 24, 1952, that I last saw the deceased alive on Aug 22, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward J Merritt M.D. Edmbrills Md 8-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/28/52

NAME OF CEMETERY OR CREMATORY Balto. Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 8/25/52

REGISTRAR'S SIGNATURE A. W. Hedrick

FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Balto. 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural, give location) 1440 [illegible]
3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]	4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1952
5. SEX [illegible] — 6. COLOR OR RACE [illegible] — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH — 9. AGE last birthday 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT Dr. Harry N. Jones, 1520 - 9th St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug 11 1952	Barber Funeral Home	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 10-52	F. B. Dent	Harvey Funeral Home	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 103 Chesapeake Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (none) (Last) NICOL

4. DATE OF DEATH: (Month) AUG (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: DEC 26, 1886

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James (none) NICOL

14. MOTHER'S MAIDEN NAME: Emma (none) GOLDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) WWI & II

16. SOCIAL SECURITY No.: - - -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0 **Immediate cause** (a) ARTERIOSCLEROTIC HEART DISEASE (420.0) — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. see reverse of form

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -

(CITY OR TOWN) - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. - - -

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from AUG 16, 19 52, to AUG 22, 19 52, that I last saw the deceased alive on AUG 22, 19 52, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: J. R. MCSHANE — (DEGREE OR TITLE) LCDR MC USN — ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD — DATE SIGNED: 8-22-52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): — DATE THEREOF: 8-26-52 — NAME OF CEMETERY OR CREMATORY: St. Annes — LOCATION (City, town, or county): Annapolis — (State): Md

DATE REC'D BY LOCAL REG.: August 25, 1952 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** — ADDRESS: John M. Taylor Inc Annapolis Md

Part II Other significant conditions:

(1) EMPHYSEMA, NOS, PULMONARY (N527.1) 10 yrs

(2) HERNIA, INGUINAL, INDIRECT, RIGHT (N560.0) 8 yrs

RECEIVED
AUG 26 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 08970

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. V-1

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301, Furnace Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Owens
4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	married	Sept. 20 1878	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Drury A.A. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wilson Owens
14. MOTHER'S MAIDEN NAME: Matilda (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Agnita Gray Bay Ridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck

E12.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) (COUNTY) (STATE): Route 301 near Furnace Branch Road

TIME OF INJURY (Month) (Day) (Year) (Hour): 8/28/52 10:20 A. m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pedestrian struck by trailer truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

R B Fisher M.D. — Baltimore, Maryland — August 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 6/52 — NAME OF CEMETERY OR CREMATORY: Owens — LOCATION (City, town, or county): Drury — (State): Md

DATE REC'D BY LOCAL REG.: Sept. 4, 1952 — REGISTRAR'S SIGNATURE: L. J. DeAlba — 24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Arom'd COUNTY AA Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Richie Hi way

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Peake
4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1952
5. SEX Female
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Oct 29, 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harry Sandsbury
14. MOTHER'S MAIDEN NAME Alice Ocalham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS G.R. Peake (husband)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage - from Left Brachial Artery.

977X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) AAO (STATE) MD
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Self inflicted.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 8/26/52

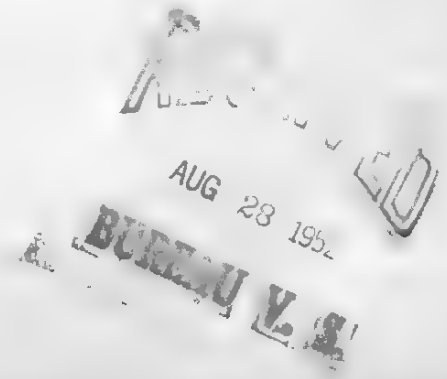
23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8/27/52 NAME OF CEMETERY OR CREMATORY Lawrence Burial ground LOCATION (City, town, or county) Goldesville (State) Md

DATE REC'D BY LOCAL REG. August 27, 1952 REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08209

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solley, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Solley, Md.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) L. (Last) Phelps
4. DATE OF DEATH (Month) (Day) (Year) 19 8/12/52
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Singel
8. DATE OF BIRTH Jan. 25, '87
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Phelps
14. MOTHER'S MAIDEN NAME Rose Chairs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Mr. Thomas Chase 104 W. University Pkwy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of left lung	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cleaval of vein, left	1 month
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1952, to Aug. 12, 1952, that I last saw the deceased alive on Aug. 11, 1952, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Md. DATE SIGNED Aug. 12. 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/52
NAME OF CEMETERY OR CREMATORY Solley's Cem.
LOCATION (City, town, or county) (State) Marley Neck Road

DATE REC'D BY LOCAL REG. 8-14-52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR JOHN F. DENNY, INC. ADDRESS 715 Light St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0[illegible]

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor's, Maryland
STREET ADDRESS (If rural give location) -- ?

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) - (Last) Phillips

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3/1/ 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months -- Days -- IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Fowler
14. MOTHER'S MAIDEN NAME: Cintel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset And Death: known to us since 4-16-52

324X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — Known to us since 4-16-52

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis and Simple Deterioration — known to us since 4-16-52

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: -------
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) ---- (COUNTY) - (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 4/16, 1952, to 8/24, 1952, that I last saw the deceased alive on 8/24, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Marguerite M.D. ADDRESS Crownsville State Hospital DATE SIGNED 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 8/28/52
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 8/27/52
REGISTRAR'S SIGNATURE A. W. Heduck JT

24. FUNERAL DIRECTOR George G. Kelson ADDRESS 1303 Presstman St, Baltimore, Md.
Geo. G. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY A.A. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 8/9/52 to 8/26/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS MD. HOUSE OF CORRECTION

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Pratt Street

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) (Last) Powell
4. DATE OF DEATH (Month) August (Day) 26 (Year) 1952
5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 2-15-98
9. AGE last birthday 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Raleigh N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coma	
	(c) Cardio-vascular disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1952 to 8/26, 1952, that I last saw the deceased alive on 8/26, 1952, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE John A Clark (Degree or title) MD ADDRESS Jessup, Md. DATE SIGNED 8/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/29/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balt City (State) Md
DATE REC'D BY LOCAL REG. Aug 29-52
REGISTRAR'S SIGNATURE Clara M. Hasleip
24. FUNERAL DIRECTOR Frances A Hemesley 578 N Bid St
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) B. (Last) Lucks

4. DATE OF DEATH: (Month) Aug 18 (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 11 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elizabethtown, Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A. J. Laird

14. MOTHER'S MAIDEN NAME: America J. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs. John M. Thomas, Shadyside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Aug 16

DUE TO

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio Sclerosis Generalized — Small

DUE TO

(c) Arterio Sclerosis Heart Disease — Small

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE George C Bosil (DEGREE OR TITLE) M.D. ADDRESS Annapolis Md DATE SIGNED 8-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 24 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Smithland, P. G. Co (State) Md.

DATE REC'D BY LOCAL REG. August 19, 1952

REGISTRAR'S SIGNATURE [signature] B.W.

24. FUNERAL DIRECTOR Hardesty Funeral Home ADDRESS Galesville Md

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1907 Otis St NE.

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) R. (Last) Randall
4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1-8-31
9. AGE: 21 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Pretty Co. Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alvin Randall
14. MOTHER'S MAIDEN NAME: Anne Sanalitro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Alvin Randall 907 Otis St. NE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Cerebral Hemorrhage
816.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain Stem Injury
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway
(CITY OR TOWN) (COUNTY) A.A.Co (STATE) MD.
TIME OF INJURY (Month) 8 (Day) 23 (Year) 52 (Hour) 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work ✓
HOW DID INJURY OCCUR? Auto accident

22 *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident ✓, suicide _, homicide _, undetermined _.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED Aug 13, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-24-52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG August 24, 1952 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR W. H. Diamond ADDRESS Alexandria Va.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 221

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Riva, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Belle (Last) Rester
4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH: October 10, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Retilus Ladner
14. MOTHER'S MAIDEN NAME: Mary Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lona Mae Cotton - Riva, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4.0.1

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic - Hypertensive C.V.D. — yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ulcerated oesophagus — 2 wks.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1950, to 8/28/, 1952, that I last saw the deceased alive on 8/28/, 1952, and that death occurred at 12:22 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank M. Shipley M.D. Annapolis, Md 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify): —
DATE THEREOF: Sept 1952
NAME OF CEMETERY OR CREMATORY: Cedar Bluff
LOCATION (City, town, or county) (State): Annapolis, Md

DATE REC'D BY LOCAL REG.: Aug. 30, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: John M. Taylor & Son
ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Crownsville State Hospital Ann Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) app. 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1922 Ashland Ave

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) (Last) Ross
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1952
5. SEX fem.
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-18-1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joe Hardy
14. MOTHER'S MAIDEN NAME not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John W. Ross 1922 Ashland Ave, Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of stomach

151X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1952
19b. MAJOR FINDINGS OF OPERATION cancer of stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1952, to 8-3, 1952, that I last saw the deceased alive on 8-3, 1952, and that death occurred at 9:25 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob Morgenstern M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-3-52
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Elroy Wilson 1000 Brantly Ave ADDRESS

Dist

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]				4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]	
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 4/13/[illegible]	9. AGE last birthday 5[illegible] yrs.	If under 1 year Months / Days; If under 24 hrs Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. [illegible]	17. INFORMANT AND ADDRESS [illegible]			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1X Immediate cause (a) [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — +1[illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/25/52	NAME OF CEMETERY OR CREMATORY Holy Cross	LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. 8/22/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Chas. F. Dill 1501 E Fort Ave.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Crownsville

LENGTH OF STAY (in this place): 11 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: —

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 1102 Thomsen Street

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Baker (Last) Smithlin

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/28/02

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~unknown~~ Sidney Baker

14. MOTHER'S MAIDEN NAME: ~~unknown~~ Martha Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: known to ... since 9/13/51

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Diabetes Mellitus & Psychosis with Tb — known since 9/13/51

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/13, 19 51, to 8/25/52, 19 , that I last saw the deceased alive on 8/25/, 19 52 and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or Title) M.D. ADDRESS Crownsville State Hospital DATE SIGNED 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/29/52 — NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery — LOCATION (City, town, or county) Brooklyn Md (State) — ADDRESS

DATE RECD BY LOCAL REGISTRAR: 8/28/52 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [signature]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (illegible)

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Crownsville
LENGTH OF STAY (in this place): 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City
STREET ADDRESS (If rural give location): 231 N. Gilmore Street

3. NAME OF DECEASED: (Type or Print) (First) Gilmore (Middle) (Last) Spodie (Spady)

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 3/6/06

9. AGE Last birthday: 46 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Abraham Spady

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No.
(If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sudden Death – Cerebral Hemorrhage — Interval Between Onset And Death: 2 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Paresis Known to us since 12/7/48

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION - - - - - - - - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 8/14, 19 52, to 8/14, 19 52, that I last saw the deceased alive on 8/14, 19 52, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob Abramowitz M.D.

ADDRESS: Crownsville, Md.

DATE SIGNED: 8/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): August 18 52

DATE THEREOF: August 18 52

NAME OF CEMETERY OR CREMATORY: African Church Cem.

LOCATION (City, town, or county) (State): Cheriton Va.

DATE REC'D BY LOCAL REGISTRAR: Aug. 15, 1952

REGISTRAR'S SIGNATURE: K. W. Jones

24. FUNERAL DIRECTOR: Annie A. Johnson

ADDRESS: Annapolis, Md.

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Item 9 FilmG145 8/13/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6222

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 1 yr. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1031 N. Stricker Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Taylor
4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12/18/88
9. AGE last birthday: 63 64 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Reuben Taylor
14. MOTHER'S MAIDEN NAME: Elizabeth Carsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

025X

Immediate cause (a) General Paresis Known to us since adm. 7/14/51

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis with arteriosclerotic heart disease Known to us since 7/14/51

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION - - - - - -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - -
(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from 7/14/ ,19 51, to 8/5/52 , 19 , that I last saw the deceased alive on 8/5/52 , 19 , and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Morgenstern M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 8/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/9/52
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REGISTRAR 8-7-52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Geo. G. Kelson
ADDRESS 1303 Presstman St.

Geo. G. Kelson

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 101 N. Glen Ave.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) TOMANIO

4. DATE OF DEATH (Month) AUGUST (Day) 1, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 10, 1943
9. AGE last birthday 9 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy
10b. KIND OF BUSINESS OR INDUSTRY 4th year
11. BIRTHPLACE (State or foreign country) Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Tomanio
14. MOTHER'S MAIDEN NAME Nina Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr Alfred Tomanio same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING accidental

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

9.29.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.R. BRIDGE
(CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Maryland
TIME OF INJURY (Month) 8-1-52 (Day) (Year) (Hour) 4:15p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? boy was crabing from trussell of bridge, slipped and fell into water 8 to 10 ft deep

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident X, suicide , homicide , undetermined .*

SIGNATURE Dr. Elmer G. Linhardt (Degree or title) Medical Examiner for A.A. County; ADDRESS Annapolis, Md. DATE SIGNED 8-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-4-52
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
LOCATION (City, town, or county) Glen Burnie,, Maryland (State)

DATE REC'D BY LOCAL REG. Aug. 4, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

5 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Crownsville
   LENGTH OF STAY (in this place): 6 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Talbot County
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Maryland
   STREET ADDRESS (If rural give location): unknown

3. NAME OF DECEASED: (First) Carrie (Middle) ? (Last) Turpin

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?

9. AGE last birthday: 60? yrs.
   IF UNDER 1 YEAR: Months — Days
   IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: ujknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ? (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Known to us since 6/27/46

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Schizophrenia - Paranoid Type known to us since 6/27/46

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ____ m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27/ ,19 46, to 8/22/ , 19 52, that I last saw the deceased alive on 8/22 , 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: Crownsville State Hospital

DATE SIGNED: 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 8/28/52

NAME OF CEMETERY OR CREMATORY: University Med School

LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REGISTRAR: 8/27

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Frances A Hemsley

ADDRESS: 578 N Bible St

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vista Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
STREET ADDRESS (If rural, give location) Vista Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FREDERICK H. WASMUS

4. DATE OF DEATH (Month) (Day) (Year) 8/31/52 19

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH 6/21/73

9. AGE last birthday 79 yrs. If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove Maker

10b. KIND OF BUSINESS OR INDUSTRY Sexton Co.

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George E. Wasmus

14. MOTHER'S MAIDEN NAME Linda Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic cancer of liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cancer of stomach (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.31., 1952, to 8.31., 1952, that I last saw the deceased alive on 8.31., 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. D. 201 Annapolis [illegible] 9.2.1952

23. BURIAL, CREMATION REMOVAL (Specify) B

DATE 9/4/52

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 9/3/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Avenue

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A.A. County, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riveira Beech Md.; LENGTH OF STAY (In this place) 3mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Promanade Beech, A.A.Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 618 S.Ponca St. Balto. COUNTY City Md.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riveira Beech A.A.Co., Md; STREET ADDRESS (If rural, give location) 618 S.Ponca St. Balto Md.

3. NAME OF DECEASED (Type or Print): George (First) H. (Middle) Waters (Last)

4. DATE OF DEATH: Aug. (Month) 29. (Day) 1952 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1874

9. AGE last birthday: 77yrs. yrs.; If under 1 year: Months 8, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Emmerson

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Waters

14. MOTHER'S MAIDEN NAME: Margaret Bermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Catherine C. Treager 5724 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Degenerative Cardio Vascular disease	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Enteriosclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Liver — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Brady Smith M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 8/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-3-1952

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 9/2/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Elmer W. Conklin 5444 Belair Rd.

D4 Kea

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) Main

3. NAME OF DECEASED (Type or Print) (First) James (Middle) R. (Last) Watkins
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Unknown
9. AGE last birthday About 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman U.S.N.A.
10b. KIND OF BUSINESS OR INDUSTRY Boiler Fireman
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James B. Watkins
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Record left by him self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2nd and 3rd° Burns - Entire - body.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Annapolis. (COUNTY) A.A.Co. (STATE) MD
TIME OF INJURY (Month) 8 (Day) 10 (Year) 52 (Hour) 1 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Smoking in bed - mattress - caught - fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 8/13/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-12-52 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Aug. 11, 1952 REGISTRAR'S SIGNATURE [signature] R.W. 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

Item 9 FilmG45 8/12/52 whw

08228

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Airport Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural give location) Camp Mead Rd. Box 38 R.F.D. 1

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Joseph (Last) Wentker.
4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 28 1885
9. AGE last birthday 66 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Mgr.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Wentker
14. MOTHER'S MAIDEN NAME Margaret S

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-10-6817
17. INFORMANT Mrs. Marie Kunawiec

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Disease	2 yrs.
241X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (Degree or title) ADDRESS Linthicum DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 6-52
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Belair Rd. (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/5/52
REGISTRAR'S SIGNATURE G.W. Hedrick
24. FUNERAL DIRECTOR Dippel Bros. ADDRESS 1800 E Lombard St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08229

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Frederick (Last) Witt

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/29/76

9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL FREDERICK WITT

14. MOTHER'S MAIDEN NAME: AMELIA HIND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles L. Witt Edgewater, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	6 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.4, 19 50, to Aug.21, 19 52, that I last saw the deceased alive on Aug.21, 19 52 and that death occurred at 3.33 Am., from the causes and on the date stated above.

SIGNATURE: Vincent Gould (Degree or title): M.D. ADDRESS: Mayo, Maryland DATE SIGNED: 8-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-23-52 | NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery | LOCATION (City, town, or county) (State): Owensville, Maryland

DATE REC'D BY LOCAL REG.: August 23 1952 | REGISTRAR'S SIGNATURE: W.W. Clayton 8/25/52

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

VS. A15

RECEIVED
AUG 29 1952
BUREAU V. S.